

haematologist, included the following domains: reliance on transfusions/health care providers; arranging life around medical appointments; fatigue limiting routine physical activities; disease interference with social and family life; worry about the future due to health condition; discomfort; reliance on support for self care and routine activities; feelings of being a burden to family; and feeling sad, hopeless, and helpless. Face-to-face interviews used the Feeling Thermometer VAS and the TTO method to value the HS on a 0 (dead) to 1 (perfect health) scale. Socio-demographic, clinical, and quality-of-life (EQ-5D) characteristics were surveyed. **RESULTS:** The mean age was 67 y (range: 29–83); 45% male, 70% retired; 40% had secondary/high school education, or higher (32%), and 79% lived with family, a partner or spouse, or friends. The mean time from MDS diagnosis was 5 years (range: 1–23). Most patients (87%) received previous transfusions and 49% had received a transfusion in the last 3 months. Mean utility score was 0.78; patients reported at least some problem with mobility (45%), usual activities (40%), pain/discomfort (47%), and anxiety/depression (34%). Few patients had difficulty understanding the VAS ($n = 3$) and TTO ($n = 4$) exercises. Utility scores for TI were higher than for RT (0.84 vs. 0.77; $p = 0.06$) or TD (0.84 vs. 0.60; $p < 0.001$). Three patients rated TD worse than dead. Corresponding VAS scale scores were 78 vs. 56; ($p < 0.001$), and 78 vs. 31 ($p < 0.001$), respectively. **CONCLUSION:** Patients value TI, suggesting an important role for new treatments aiming to achieve greater TI in MDS.

PHM21

UK COMMUNITY DERIVED UTILITIES USING TIME TRADE OFF FOR ORAL VERSUS SUBCUTANEOUS IRON CHELATION THERAPY FOR THE TREATMENT OF CHRONIC IRON OVERLOAD

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OBJECTIVES: Chronic iron overload due to frequent blood transfusions is a condition affecting patients with a wide range of disorders including beta-thalassaemia, sickle cell disease and myelodysplastic syndromes. A UK community based utility study was conducted to value preferences for iron chelation therapy (ICT) administered via two different modes of administration: once daily oral administration (deferasirox) and slow subcutaneous infusion for 8–12 hours per day, 5–7 days/week (current standard treatment desferrioxamine). **METHODS:** Time trade off (TTO) methods were used to value health states for oral and subcutaneous modes of ICT administration. An anchor description for the reference condition, beta-thalassaemia, was incorporated within each health state. The descriptions were validated by 5 UK clinicians. Neither health state made reference to the associated drug name. Mean utilities were estimated and 95% confidence intervals calculated using bootstrapping sampling and estimation. The Wilcoxon Signed-Rank Test was used to test significant differences between the health state mean utility values. **RESULTS:** A representative cross sectional sample of 120 respondents from the UK population participated in the TTO exercise. Analysis was performed for 115 respondents (5 responses were excluded due to lack of understanding of the exercise). 54% were female, 76% aged 21–60 years. Mean utility for the oral ICT health state was 0.84 (SD: 0.17) compared to 0.66 (SD: 0.21) for the subcutaneous infusion ICT health state. There was a mean difference of 0.17 (95% CI: 0.147, 0.214) in utility values between the health states ($p < 0.0001$). The utility results are consistent with those from a similarly designed Australian study. **CONCLUSION:** From a societal perspective the utility benefit associated with once daily oral ICT for chronic

iron overload is significantly greater relative to current standard subcutaneous treatment. This data can be used in cost-utility analyses comparing oral Deferasirox and current standard care desferrioxamine.

PHM22

THE EMOTIONAL AND PHYSICAL BURDEN OF INJECTIONS ON PATIENTS UNDERGOING IVF

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OBJECTIVES: The aim of this study was to provide insights into the experiences, behavior and attitudes of patients towards controlled ovarian stimulation (COS). **METHODS:** A cross-sectional explorative study involving semi-structured in-depth interviews, including a laddering technique (means-end relation theory) to link treatment characteristics to emotional drivers. A total of 190 women (age 25–40) in France, Germany, Italy, Japan, Spain, Turkey, UK and USA who completed an IVF cycle in the last 6 months were randomly allocated via general population databases. **RESULTS:** When asked about their experiences during the COS phase 31% of patients mentioned that COS limited their daily activities because they wanted to be home at specific times for the injections and 19% described the schedule as stressful or emotionally demanding. Most mentioned inconveniences regarding injections were timing of injections, injection site pain and the hassle with syringes and vials. In spite of education and training on injections, 59% of women were concerned about incorrect injections. In total 45% of women experienced difficulties, like injecting at the wrong time, incorrect dosing, hitting a vessel or fear of self-injection. Having realized they had made a mistake, 68% felt worried or stressed about it and 13% were anxious that it would have a negative impact on treatment outcome. When asked women said that daily injection regimens could be improved by pen or oral administration, by pre-mixed ready-for-use methods and by reducing the number of injections. This would reduce the worries and stress associated with COS and 40% of subjects stated to believe that this would improve their emotional well-being and increase their chance of a baby. **CONCLUSION:** COS has serious emotional and psychological impact on patients undergoing IVF. According to women simple and short treatment regimen with less concern about correct administration will improve their emotional well-being during COS.

PHM23

PATIENTS', PHYSICIANS' AND PHARMACISTS' PREFERENCES TOWARDS COAGULATION FACTOR CONCENTRATES TO TREAT PATIENTS WITH INHIBITORS: A DISCRETE CHOICE EXPERIMENT

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OBJECTIVES: The management of hemophilia when patients develop inhibitors is particularly complex and costly. Although the advances of modern technologies, no agreement still exists on how to optimally treat these patients. Treatment of haemophilia is result of interactions between patients, physicians, pharmacists and budget holders, each carrying their own set of preferences. This study was conducted to evaluate preferences toward possible coagulation factor concentrates used in patients with inhibi-

tors from a sample of patients (or caregivers of pediatric patients), physicians specialist in hemophilia care, pharmacists with experience in storing/delivering coagulation factor concentrates. **METHODS:** A Discrete Choice Experiment was conducted, by describing possible products with 7 attributes selected from a previous pilot study: “viral safety”, “risk of anamnestic response”, “possibility of undergoing major surgery”, “frequency of infusions in prophylaxis”, “number of injections to stop bleeding”, “time to stop bleeding”, “time to pain recovery”. Cost, expressed as increase of health care taxes, was added to estimate willingness to pay towards these attributes. The respondents were asked to choose among 16 pair-wise choice sets. A random-effect logit model was used to analyse the data. **RESULTS:** Thirty-seven patients or proxies (their caregivers), 39 physicians, 25 pharmacists were interviewed. All the patients had severe hemophilia A, historical median (min-max) peak titre = 164 (5–16,400) BU/mL. Among all the respondents, the hypothesized direction of preferences was confirmed (e.g. lower risk of infections was preferred than higher risk) and the importance of preferences was statistically significant: p-values < 0.01 for every attribute. The 3 subgroups anyway reported different preferences in some attributes. **CONCLUSION:** this study revealed patients/caregivers’, physicians’ and pharmacists’ preferences towards the products used to treat hemophilic patients with inhibitors. Understanding the preferences from different perspectives can be useful to optimize the benefits deriving from the decisions on treatments for hemophilic patients with inhibitors.

MENTAL HEALTH—Clinical Outcomes Studies

PMH1

PRESCRIBING PATTERNS, PREDICTORS, AND COSTS ASSOCIATED WITH ANTIDEPRESSANT TREATMENTS FOR PERSONS WITH MAJOR DEPRESSIVE DISORDER (MDD) AND COMORBID PAIN

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OBJECTIVES: Using a sample of adult Medicaid enrollees, this study examined physician prescribing practices associated with MDD. We compared behavioral, physical, and pharmacy service use and cost outcomes associated with different prescribing patterns. Specifically, we examined three cohorts of enrollees: 1) persons with MDD; 2) persons with diabetic peripheral neuropathy (DPN); and 3) persons with MDD and DPN. We compared outcomes for patients prescribed Duloxetine to those prescribed other antidepressant medications. **METHODS:** The sample included 32,663 patients diagnosed with MDD and/or DPN who were enrolled in the Florida Medicaid Program during FY2003–05. Three years of claims data were used to compare demographics, diagnostic characteristics, antidepressant medication use, and service expenditures six months prior to and one year after the index prescription event. **RESULTS:** Among persons diagnosed with MDD, the majority (84.5%) received SSRIs alone or in combination with other antidepressants, 29.2% received SNRIs alone or in combination, and 15.3% received TCAs alone or in combination. A large majority (86.5%) also received prescription pain medication. Of these patients, more than half received prescription narcotics on a daily basis. Predictors of increased service use and cost following initiation of antidepressant treatment included older age, female gender, and pre-index prescription costs. Results indicated physical health care costs increased after any switches in antidepressants. However, behavioral health costs decreased for all treated patients over time, most dramati-

cally for inpatient service expenditures. Patients receiving Duloxetine reduced their narcotic use following treatment, while patients receiving other antidepressant medications maintained or increased narcotic use. **CONCLUSION:** Current data indicates many patients with MDD also experience chronic pain conditions requiring narcotics or other pain medications. SNRI’s may facilitate a reduction in pain medication use and therefore might be the antidepressant of choice for patients with co-morbid MDD and chronic pain.

PMH2

A REVIEW OF PUBLISHED STUDIES ON THE BURDEN OF GENERALIZED ANXIETY DISORDER (GAD) IN GERMANY

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OBJECTIVES: To summarize published data on the burden of GAD to assist decision makers in Germany. **METHODS:** A review of English-language studies on the human, health care and economic burden of GAD in Germany. Studies were identified using electronic databases (MEDLINE/EMBASE) and references from published articles. **RESULTS:** National prevalence estimates indicate that GAD affected 1.5% of adults in the general population in the past 12-months and 5.3% of primary care patients in the past 1-month. GAD commonly co-occurred with other mental disorders, especially major depression (MD). Impairments observed in people with GAD were not merely due to comorbidity. People with pure GAD (GAD without comorbid MD) reported high levels of occupational impairment that were similar or greater in magnitude compared to that of people with pure MD (MD without comorbid GAD). People with pure GAD also reported more severe mental and physical health status impairments compared to people with pure MD. High use of health care resources among GAD primary care patients was not solely due to comorbidity. The proportion of comorbid GAD/MD cases was smaller than that of pure GAD cases (4-week point prevalence estimates of 1.6% and 3.8%, respectively). A greater proportion of primary care patients with comorbid GAD/MD (43%) and pure GAD (42%) reported high use of specialists (2 + visits/year) than pure MD patients (36%). A greater proportion of GAD patients sought help for somatic illness/complaints (48%), pain (35%) and sleep problems (33%) than for anxiety (13%). GAD was considerably less likely to be recognized and treated than MD. The per-patient cost of GAD (€1628 in 2004) was higher than that of any other anxiety disorder, owing to lost work and health care utilization. **CONCLUSION:** German data show that GAD is a distinct and burdensome disorder. Improved recognition and treatment of GAD should be an important public health priority.

PMH3

EFFECTIVENESS OF OLANZAPINE TREATMENT FOR SCHIZOPHRENIA: 12-MONTH RESULTS OF THE POST MARKETING SURVEILLANCE IN JAPAN

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OBJECTIVES: To present the outcomes associated with olanzapine treatment of schizophrenia patients participating in the Olanzapine Post Marketing Surveillance in Japan (OPMS-J), and to compare the maintenance rate of olanzapine in the OPMS-J with that of typical and atypical antipsychotic medication in the Schizophrenia Outpatient Health Outcomes (SOHO) study.